

234421

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

Carolyn Mitchell
dba

RECEIVED

JAN 09 2012

ORS
T.T.W.W.W

DOCKET
NUMBER: 2006.135.T

Mitchell's Unique
Travel and Tours

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Carolyn Mitchell

Telephone: 843-662-2902

Address: 400 W Darling, Box 54
Florence SC 29501

Fax: 843-662-6864

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

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PSC SC
CLERK'S OFFICE

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVEDDATE: 1-9-2012

JAN 09 2012

T.T.W.W/W

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # 7709 ☐ Class C Charter Bus # _____

☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Carolyn Mitchell DBA: Mitchell's Unique Travel and
 (Current Name) (Current DBA if applicable) Tours
 TO: Mitchell's Unique Tax & Travel, LLC DBA: _____
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Mitchell's Unique Tax & Travel, LLC
 Name & DBA if DBA is applicable)

Florence, SC. 29501
 (City, State, Zip Code)

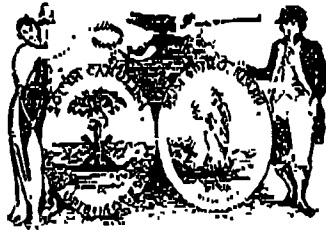
843-662-2902
 (Telephone Number)

400 W Darlington St
 (Street and/or Mailing Address)

Carolyn Mitchell
 (Signature)

Owner
 (Title) Owner, President, etc.

The State of South Carolina



Office of Secretary of State Jim Miles **Certificate of Existence**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MITCHELL'S UNIQUE TAX & TRAVEL, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 21st, 2002, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 5th day of
March, 2002.

A handwritten signature of Jim Miles in black ink, written over a horizontal line.

Jim Miles, Secretary of State